

FIG. 1

PRIOR ART

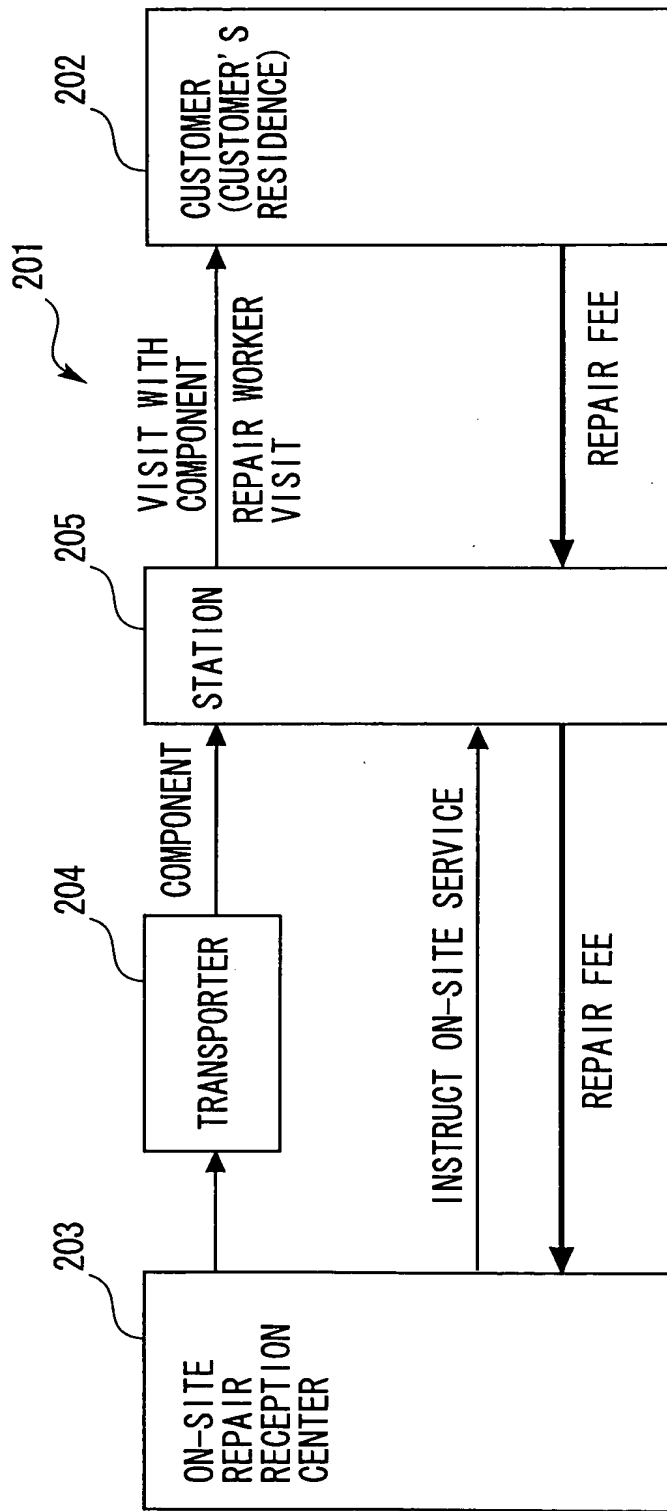
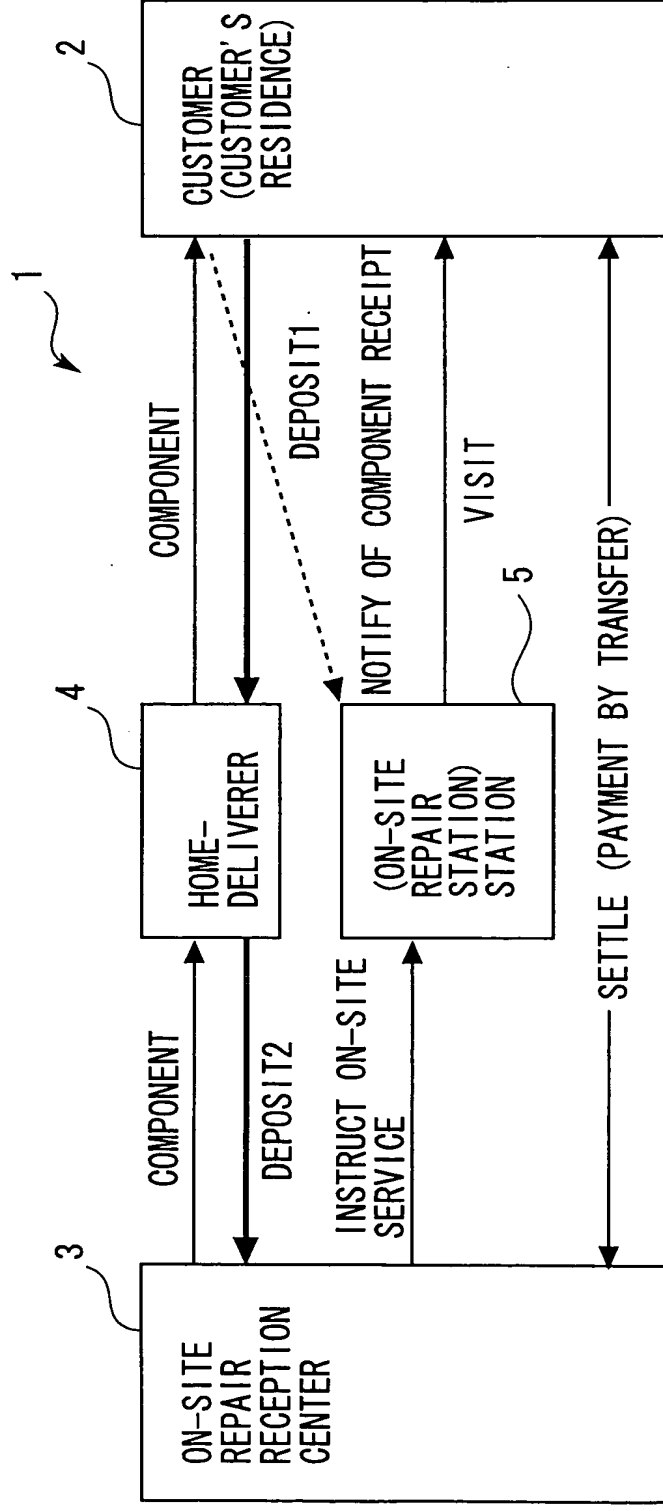


FIG. 2

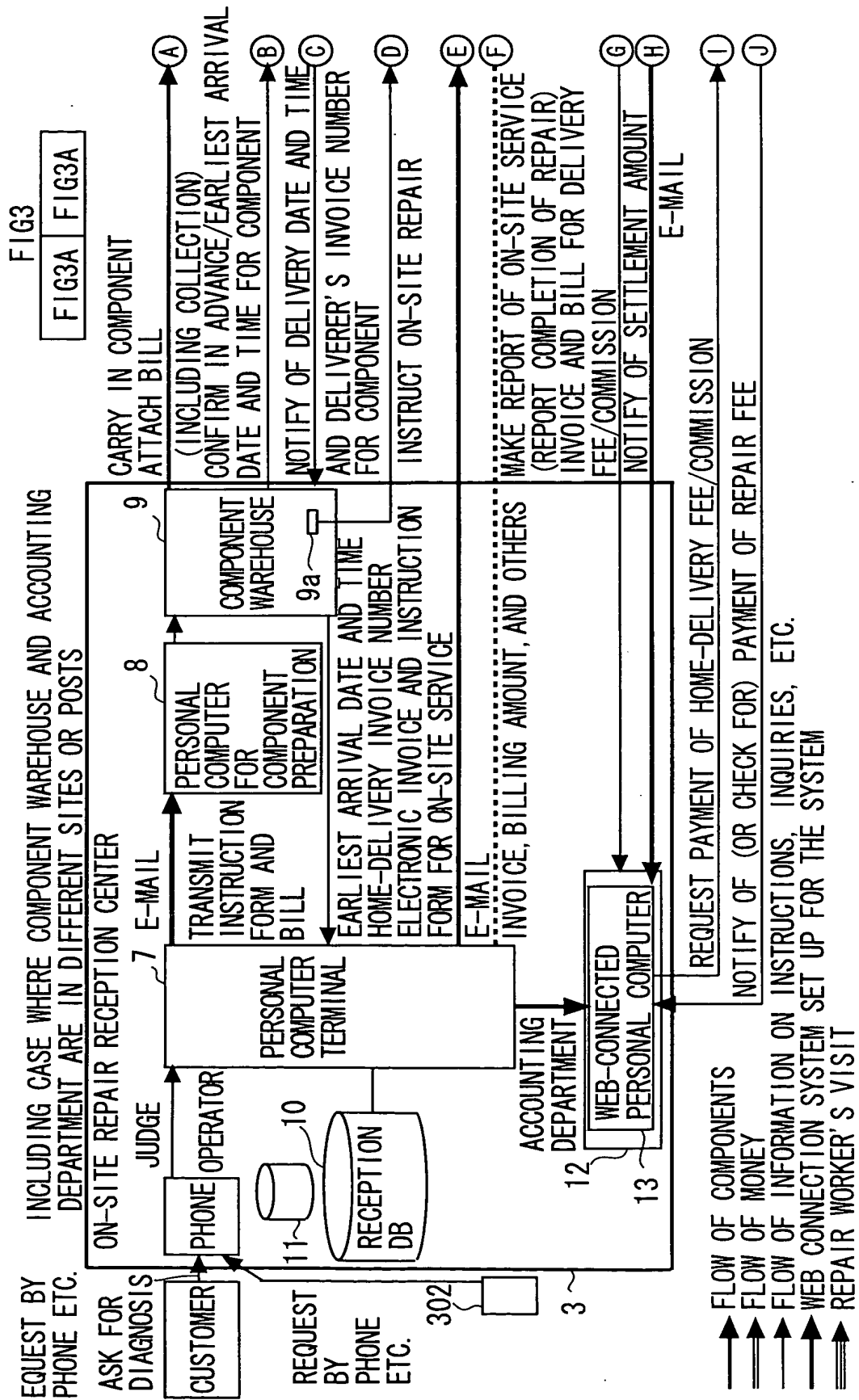


NOTE 1: DEPOSIT INCLUDES CANCELLATION FEE

NOTE 2: PAYMENT OF DEPOSIT TO REPAIRER IS MADE BY (1) TEMPORARILY PAYING TOTAL AMOUNT FOR LATER REFUND ON TRANSPORTATION FEE ETC. OR (2) PAYING AMOUNT AFTER DEDUCTION OF TRANSPORTATION FEE ETC.

NOTE 3: SETTLEMENT PROCESS IS PERFORMED BY SAME-DAY PAYMENT IN CASH OR PAYMENT INTO ACCOUNT

FIG. 3A



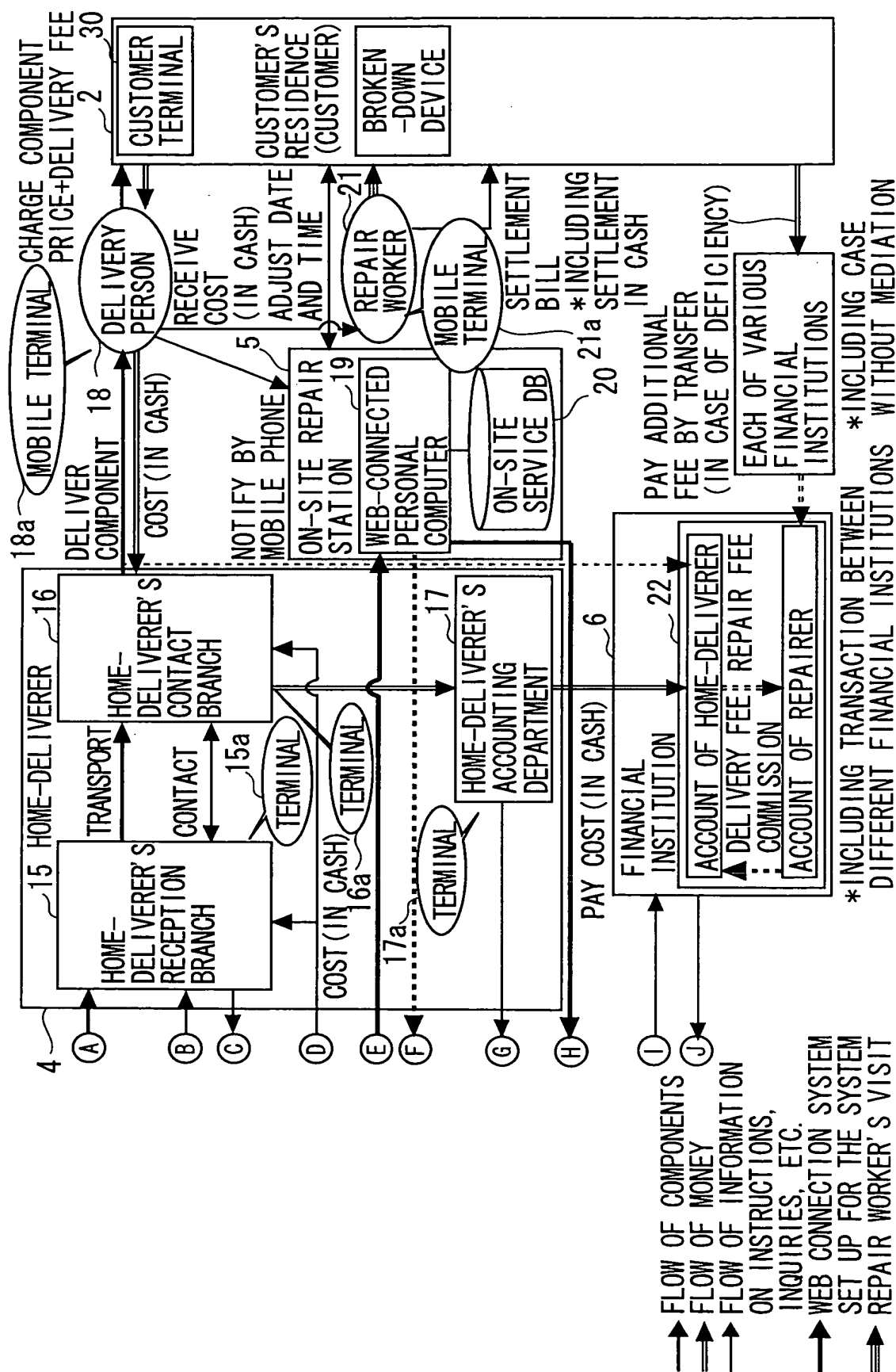
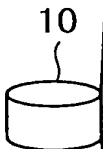
[illegible]

FIG. 4



1	INVOICE NUMBER	021112-001	~L1
2	RECEPTION DATE AND TIME	9:35, NOVEMBER 12, 2002	~L2
3	RECEPTIONIST	TARO FUJIYAMA	~L3
4	CUSTOMER NAME	JIRO TOKYO	~L4
5	PHONE NUMBER	03-0000-0000	~L5
6	ADDRESS	0-1-2, SHINJUKU-CHO, CHIYODA-KU, TOKYO	~L6
7	MODEL TYPE	FXXX-100	~L7
8	MODEL NAME	FXX110VIP	~L8
9	SERIAL NUMBER	XY19981234	~L9
10	WARRANTY EXPIRATION DATE	JANUARY 3, 2000	~L10
11	PRESENCE OR ABSENCE OF WARRANTY	EXPIRED	~L11
12	FAILURE CONTENTS (SYMPTOM)	IT STOPPED OPERATION WITH A MESSAGE "OS NOT FOUND" BEING DISPLAYED YESTERDAY. EVEN IF POWERED ON SEVERAL TIMES, THE SAME PROBLEM OCCURRED.	~L12
13	DIAGNOSIS	FAILURE OF MAGNETIC DISK	~L13
14	COMPONENT TO BE REPLACED	HDD-90G	~L14
15	ESTIMATED COST	COMPONENT PRICE 25,000YEN REPAIR FEE 10,000YEN TRAVELING EXPENSES 4,000YEN TOTAL 39,000YEN	~L15
16	DESIRED VISIT DATE	19:00 OR LATER, NOVEMBER 13, 2002	~L16
17	SPECIFIC REMARK	REQUESTED BY MRS. MOMOKO TOKYO	~L17
18	NOTE	REPAIR WORK ALLOWED UNTIL 22:00	~L18
19	RECEPTION END DATE AND TIME	9:48, NOVEMBER 12, 2002	~L19
20	STATION IN CHARGE	AKIHABARA SS 03-0000-0000	~L20
21	HOME-DELIVERER	00 TRANSPORT CO., LTD.	~L21
22	OFFICE IN CHARGE	KANDA OFFICE 03-0000-0000	~L22
1	INVOICE NUMBER	021112-002	
2	RECEPTION DATE AND TIME	NOVEMBER 12, 2002	
3	RECEPTIONIST	HANAKO HINOMOTO	
4	CUSTOMER NAME	SABURO YOKOHAMA	
5	PHONE NUMBER	0492-0000-0000	
6	ADDRESS	2-1-0, KYOTO-CHO, KAWAGOE-SHI, SAITAMA	
7	MODEL TYPE	FXXX-200	
8	MODEL NAME	FXX220VSOP	

FIG. 5

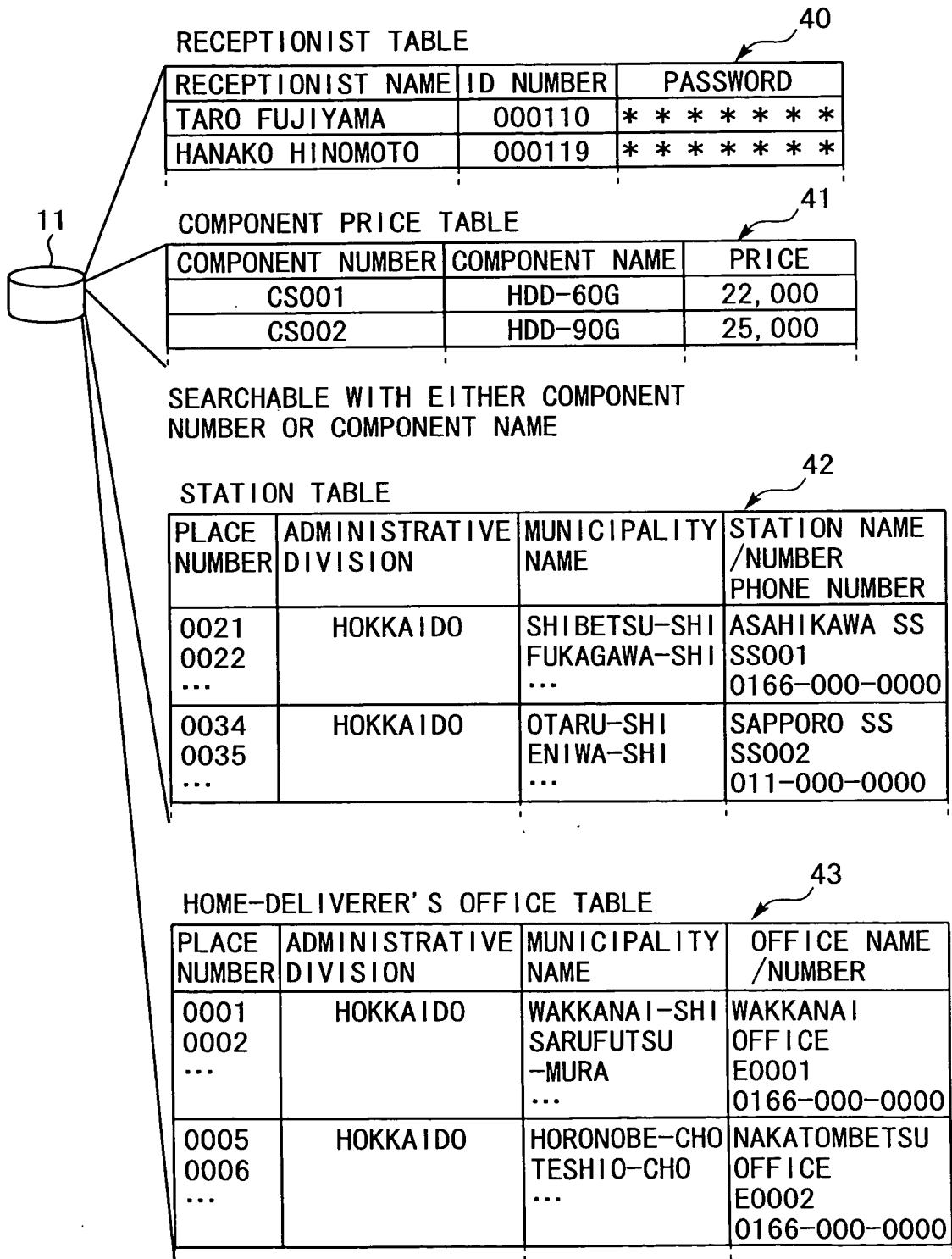


FIG. 6

1	INVOICE NUMBER	021112-001	~M1
2	RECEPTION DATE AND TIME	9:35, NOVEMBER 12, 2002	~M2
3	RECEPTIONIST	TARO FUJIYAMA	~M3
4	CUSTOMER NAME	JIRO TOKYO	~M4
5	PHONE NUMBER	03-0000-0000	~M5
6	ADDRESS	0-1-2, SHINJUKU-CHO, CHIYODA-KU, TOKYO	~M6
7	MODEL TYPE	FXXX-100	~M7
8	MODEL NAME	FXX110VIP	~M8
9	SERIAL NUMBER	XY19981234	~M9
10	WARRANTY EXPIRATION DATE	JANUARY 3, 2000	~M10
11	PRESENCE OR ABSENCE OF WARRANTY	EXPIRED	~M11
12	FAILURE CONTENTS (SYMPTOM)	IT STOPPED OPERATION WITH A MESSAGE "OS NOT FOUND" BEING DISPLAYED YESTERDAY. EVEN IF POWERED ON SEVERAL TIMES, THE SAME PROBLEM OCCURRED.	~M12
13	DIAGNOSIS	FAILURE OF MAGNETIC DISK	~M13
14	COMPONENT TO BE REPLACED	HDD-90G	~M14
15	ESTIMATED COST	COMPONENT PRICE 25,000YEN REPAIR FEE 10,000YEN TRAVELING EXPENSES 4,000YEN TOTAL 39,000YEN	~M15
16	DESIRED VISIT DATE	19:00 OR LATER, NOVEMBER 13, 2002	~M16
17	SPECIFIC REMARK	REQUESTED BY MRS. MOMOKO TOKYO	~M17
18	NOTE	REPAIR WORK ALLOWED UNTIL 22:00	~M18
19	RECEPTION END DATE AND TIME	9:48, NOVEMBER 12, 2002	~M19
20	STATION IN CHARGE	AKIHABARA SS 03-0000-0000	~M20
21	RECEPTIONIST AT STATION		~M21
22	RECEPTION DATE AND TIME AT STATION		~M22
23	HOME-DELIVERER	OO TRANSPORT CO., LTD.	~M23
24	OFFICE IN CHARGE	KANDA OFFICE	~M24
25	HOME-DELIVERY INVOICE NUMBER	AB12345678	~M25
26	EARLIEST ARRIVAL DATE AND TIME FOR COMPONENT	11:00, WED, NOVEMBER 13, 2002	~M26
27	DETERMINED SCHEDULED VISIT DATE AND TIME	19:00, WED, NOVEMBER 13, 2002	~M27
28	DETERMINED DELIVERY DATE AND TIME FOR COMPONENT	16:00~18:00, WED, NOVEMBER 13, 2002	~M28
29	VISIT DATE AND TIME	19:00, WED, NOVEMBER 13, 2002	~M29
30	TIME REQUIRED FOR REPAIR	1 HOUR AND 40 MINUTES	~M30
31	MEASURES		~M31

FIG. 7

32	REPAIR FEE	29,000 YEN (29,000 YEN PAID IN ADVANCE)	~ M32
33	SETTLEMENT AMOUNT	000,000YEN	~ M33
34	FINANCIAL INSTITUTION FOR CUSTOMER		~ M34
35	ACCOUNT NUMBER		~ M35
36	REPORT COMPLETION DATE AND TIME		~ M36
37	PERSON IN CHARGE FOR ON-SITE SERVICE		~ M37

1	INVOICE NUMBER	
2	RECEPTION DATE AND TIME	
3	RECEPTIONIST	
4	CUSTOMER NAME	
5	PHONE NUMBER	

FIG. 8

AND ☐ INDICATE FIELDS TO BE AUTOMATICALLY INPUTTED AND MANUALLY INPUTTED, RESPECTIVELY

DATA ENTRY DISPLAY FOR HOME-VISIT
NURSING RECEPTION SYSTEM

SYSTEM REGISTRATION NUMBER XXX

INVOICE NUMBER 50 51 52

RECEPTION DATE RECEPTIONIST

CUSTOMER NAME 53 PHONE NUMBER 54 PHONE NUMBER 55

1 2

ADDRESS 56

MODEL TYPE 57 MODEL NAME 58 SERIAL NUMBER 59

WARRANTY EXPIRATION DATE YEAR MONTH DAY 60

61a 61b

PRESENCE OR ABSENCE OF WARRANTY ☐ PRESENT ☒ ABSENT

FAILURE CONTENTS (SYMPTOM) 62

DIAGNOSIS RESULT 63

IT STOPPED OPERATION WITH A MESSAGE
"OS NOT FOUND" BEING DISPLAYED YESTERDAY.
EVEN IF POWERED ON SEVERAL TIMES,
THE SAME PROBLEM OCCURRED.

FAILURE OF MAGNETIC DISK

FIG. 9

COMPONENT DUE TO BE REPLACED	1. NUMBER	CS002	NAME	HDD-90G	PRICE	25,000	QUANTITY	01	B	
	2. NUMBER		NAME		PRICE		QUANTITY			
	3. NUMBER		NAME		PRICE		QUANTITY			
							ORDERED	<input checked="" type="radio"/>		
							ORDERED	<input type="radio"/>		
							ORDERED	<input type="radio"/>		
ESTIMATED COST	COMPONENT PRICE	25,000	NORMAL PRICE	25,000	NO DISCOUNT	<input checked="" type="radio"/>				
	REPAIR FEE	10,000	NORMAL PRICE	10,000	NO DISCOUNT	<input checked="" type="radio"/>				
	TRAVELING EXPENSES	4,000	NORMAL PRICE	4,000	NO DISCOUNT	<input checked="" type="radio"/>				
			TOTAL	29,000						
			(EXCLUDING CONSUMPTION TAX)							
DESIRED VISIT DATE AND TIME (IF DESIRED)	2002	YEAR	11	MONTH	13	DAY	WED (WEEKDAY)			
							TO		HOUR	
							AROUND		HOUR	
							19		HOUR OR LATER	
SPECIFIC REMARK	REQUESTED BY MRS. MOMOKO TOKYO									
NOTE	REPAIR WORK ALLOWED UNTIL 22:00									
STATION IN CHARGE	AKIHABARA SS	PHONE NUMBER	03-0000-0000							
HOME-DELIVERER	OO TRANSPORT CO., LTD.				OFFICE	KANDA OFFICE				
DO YOU END RECEPTION INPUT?	<input checked="" type="radio"/>	END	PHONE NUMBER	03-0000-0000						
RECEPTION END DATE AND TIME	2002.11.12 09:48									
INPUT FIELDS BELOW WILL BE ENABLED AFTER END OF RECEPTION INPUT										
<input checked="" type="radio"/>	ORDER COMPONENT (BILL WILL ALSO BE SENT)									
TRANSMISSION DATE AND TIME	2002.11.12 09:53									
HOME-DELIVERER INVOICE NUMBER	AB12345678									
EARLIEST ARRIVAL DATE AND TIME FOR COMPONENT	2002	YEAR	11	MONTH	13	DAY				
			11	HOUR	00	MINUTE (24-HOUR FORMAT)				
<input checked="" type="radio"/>	SEND INSTRUCTION FORM FOR ON-SITE REPAIR (INVOICE WILL ALSO BE SENT)									
TRANSMISSION DATE AND TIME	2002.11.12 10:02									

FIG. 10

C ↙

DATA ENTRY DISPLAY FOR HOME-DELIVERY RECEPTION 92

INVOICE NUMBER	AB1234567 91	COMPONENT FOR ON-SITE REPAIR 130	RECEPTION DATE AND TIME 93
			RECEPTIONIST 93

CLIENT NAME	94	ADDRESS	95
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PHONE NUMBER1	96a	PHONE NUMBER2	96b
---------------	-----	---------------	-----

DESTINATION NAME	97	ADDRESS	98
------------------	----	---------	----

PHONE NUMBER1	99a	PHONE NUMBER2	99b
---------------	-----	---------------	-----

PACKAGE CLASSIFICATION	100	CLASS C	DELIVERY FEE	101	DESIRED DELIVERY TIME SLOT	102
						H14. 11. 13 A:9:00~12:00

DELIVERY OFFICE	103	ADDRESS	104
-----------------	-----	---------	-----

PHONE NUMBER1	105a	PHONE NUMBER2	105b
---------------	------	---------------	------

DELIVERY PERSON LIST	106	PHONE NUMBER	107	EARLIEST DELIVERY DATE AND TIME	109

CARRY-IN TIME LIMIT	108	CARRY-IN DATE AND TIME	110	DELIVERY DATE AND TIME	111

ISSUE/DISTRIBUTE INVOICE

○ 112

AND ARE MANUALLY INPUTTED AND AUTOMATICALLY INPUTTED, RESPECTIVELY, AND IS MANUALLY INPUTTED IF "COMPONENT FOR ON-SITE REPAIR" IS SELECTED

FIG. 11

AND INDICATE FIELDS TO BE
MANUALLY INPUTTED, RESPECTIVELY

D

INSTRUCTION/REPORT FORM FOR ON-SITE REPAIR FOR HOME-VISIT
NURSING RECEPTION SYSTEM

113

RELATED LAST INVOICE

INVOICE NUMBER

RECEPTION DATE RECEPTIONIST

AND TIME

CUSTOMER NAME PHONE NUMBER PHONE NUMBER

1 2

ADDRESS

MODEL TYPE MODEL NAME SERIAL NUMBER

WARRANTY EXPIRATION DATE YEAR MONTH DAY

PRESENCE OR ABSENCE OF WARRANTY ☐ PRESENT ☒ ABSENT

FAILURE CONTENTS (SYMPTOM)

DIAGNOSIS RESULT

FIG. 12

COMPONENT DUE TO BE REPLACED	1. NUMBER	CS002	NAME	HDD-90G	PRICE	25,000	QUANTITY	01	E
	2. NUMBER		NAME		PRICE		QUANTITY		
	3. NUMBER		NAME		PRICE		QUANTITY		
ESTIMATED COST	COMPONENT PRICE	25,000	NORMAL PRICE	25,000	NO DISCOUNT ●				
	REPAIR FEE	10,000	NORMAL PRICE	10,000	NO DISCOUNT ●				
	TRAVELING EXPENSES	4,000	NORMAL PRICE	4,000	NO DISCOUNT ●				
	TOTAL				39,000				
(EXCLUDING CONSUMPTION TAX)									
DESIRED VISIT DATE AND TIME (IF DESIRED)		2002	YEAR	11	MONTH	13	DAY	WED (WEEKDAY)	
							19:00~		
SPECIFIC REMARK		REQUESTED BY MRS. MOMOKO TOKYO							
NOTE		REPAIR WORK ALLOWED UNTIL 22:00							
STATION IN CHARGE		AKIHABARA SS		PHONE NUMBER		03-0000-0000			
HOME-DELIVERER		00 TRANSPORT CO., LTD.				OFFICE		KANDA OFFICE	
						PHONE NUMBER		03-0000-0000	
HOME-DELIVERER INVOICE NUMBER		AB12345678							
SCHEDULED EARLIEST ARRIVAL DATE AND TIME FOR COMPONENT		2002. 11. 13 11:00				RECEPTION DATE AND TIME AT STATION		2002. 11. 12 10:02	
114									
INPUTTED BY STATION IN CHARGE OF ON-SITE REPAIR									
DETERMINED SCHEDULED VISIT DATE AND TIME		2002		YEAR	11	MONTH	13	DAY	115
		WED (WEEKDAY)		19:00					
DETERMINED DELIVERY DATE AND TIME FOR COMPONENT		2002		YEAR	11	MONTH	13	DAY	116
		WED (WEEKDAY)		16:00~18:00					

FIG. 13

F

[REPORT]

VISIT DATE AND TIME

YEAR MONTH DAY WED (WEEKDAY)

117

19:00

REQUIRED TIME HOUR(S) MINUTE(S) 118

MEASURES

119

REPAIR FEE

PERSON IN CHARGE

120 FEE SETTLED

121

122 123 FINANCIAL INSTITUTION NAME

124

ACCOUNT NUMBER

125

SEND REPORT 126

(NOTE) IS ENABLED BY CLICKING "FEE SETTLED", AND NEEDS TO BE FILLED

FIG. 14

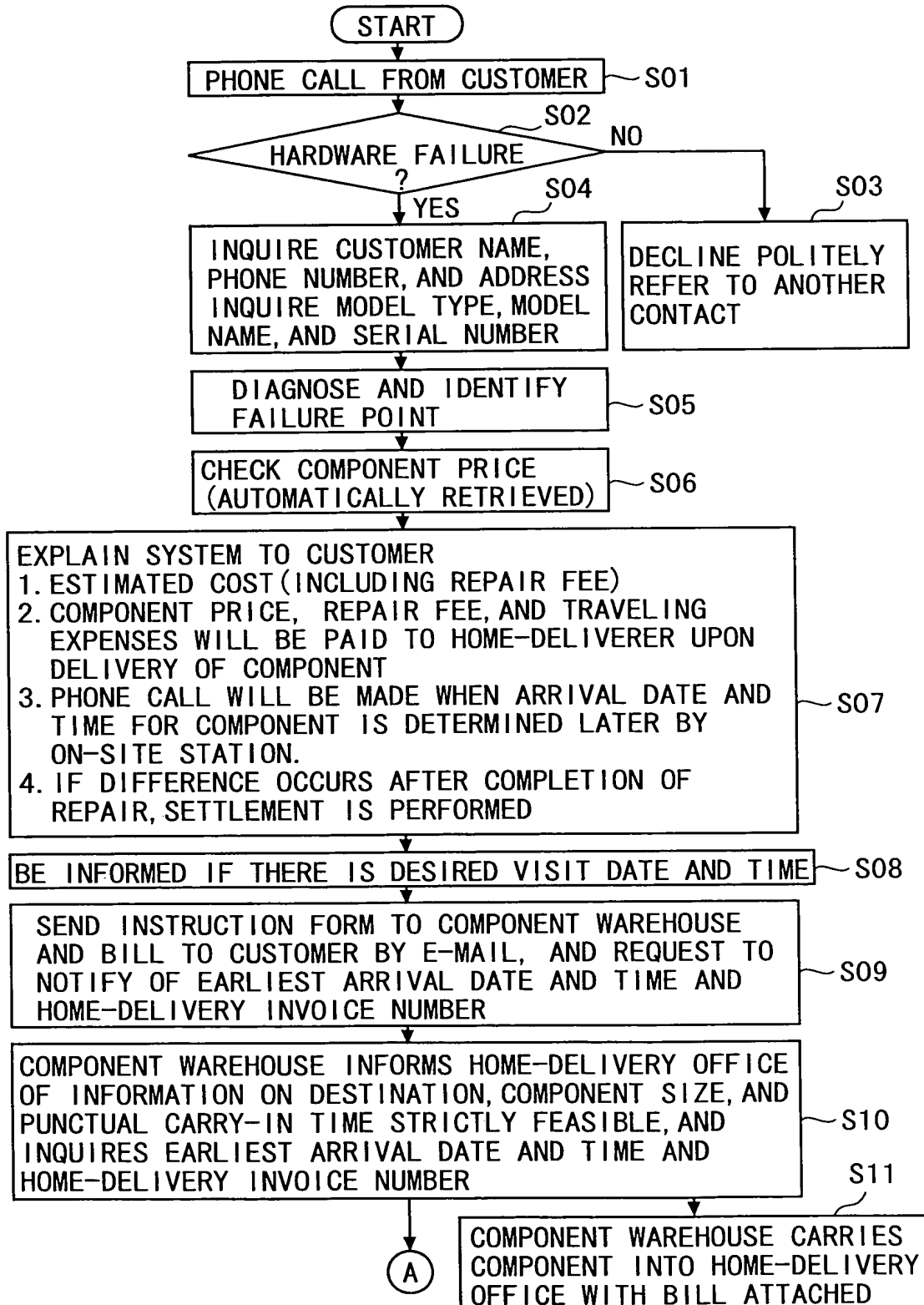


FIG. 15

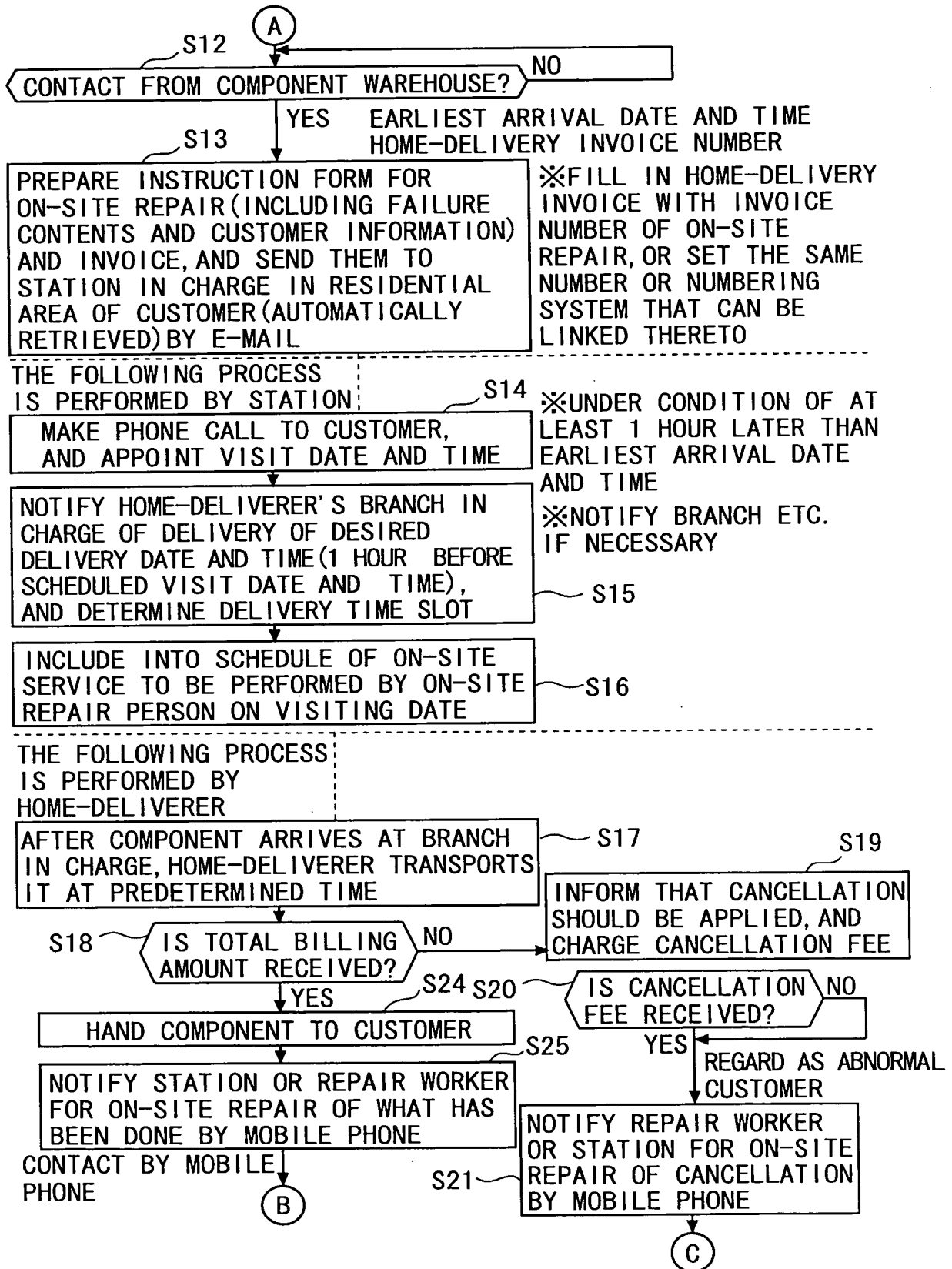


FIG. 16

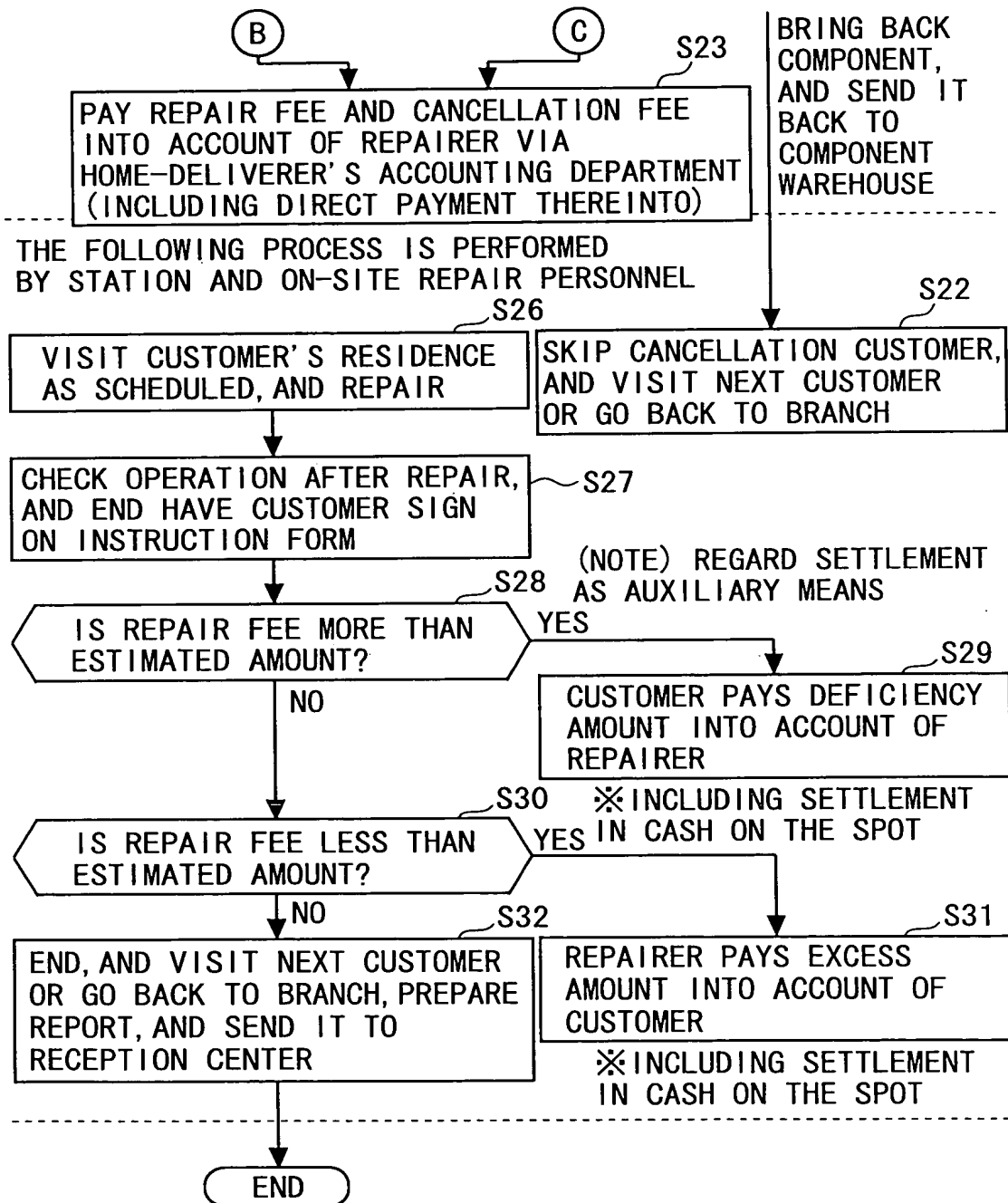


FIG. 17

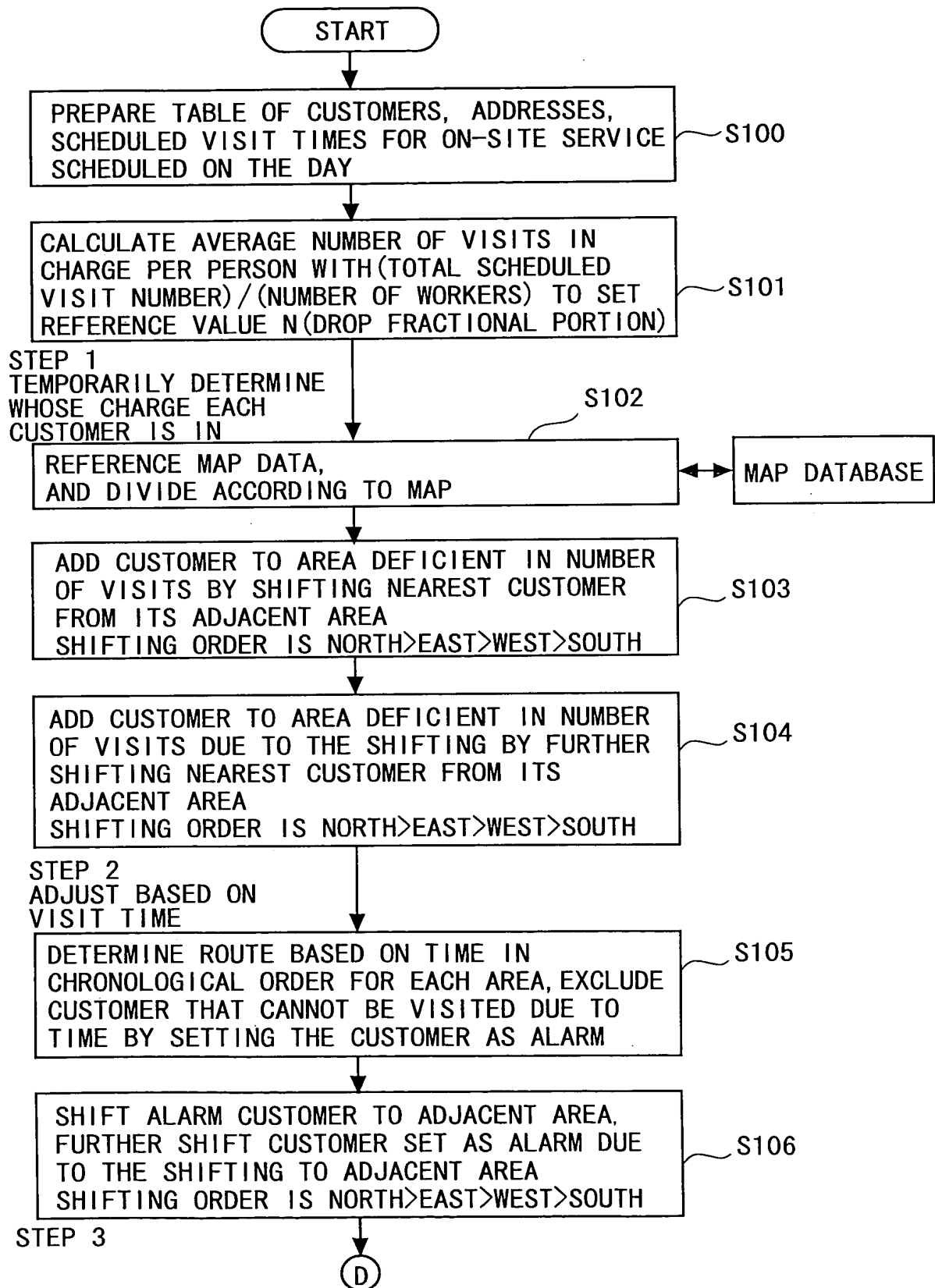


FIG. 18

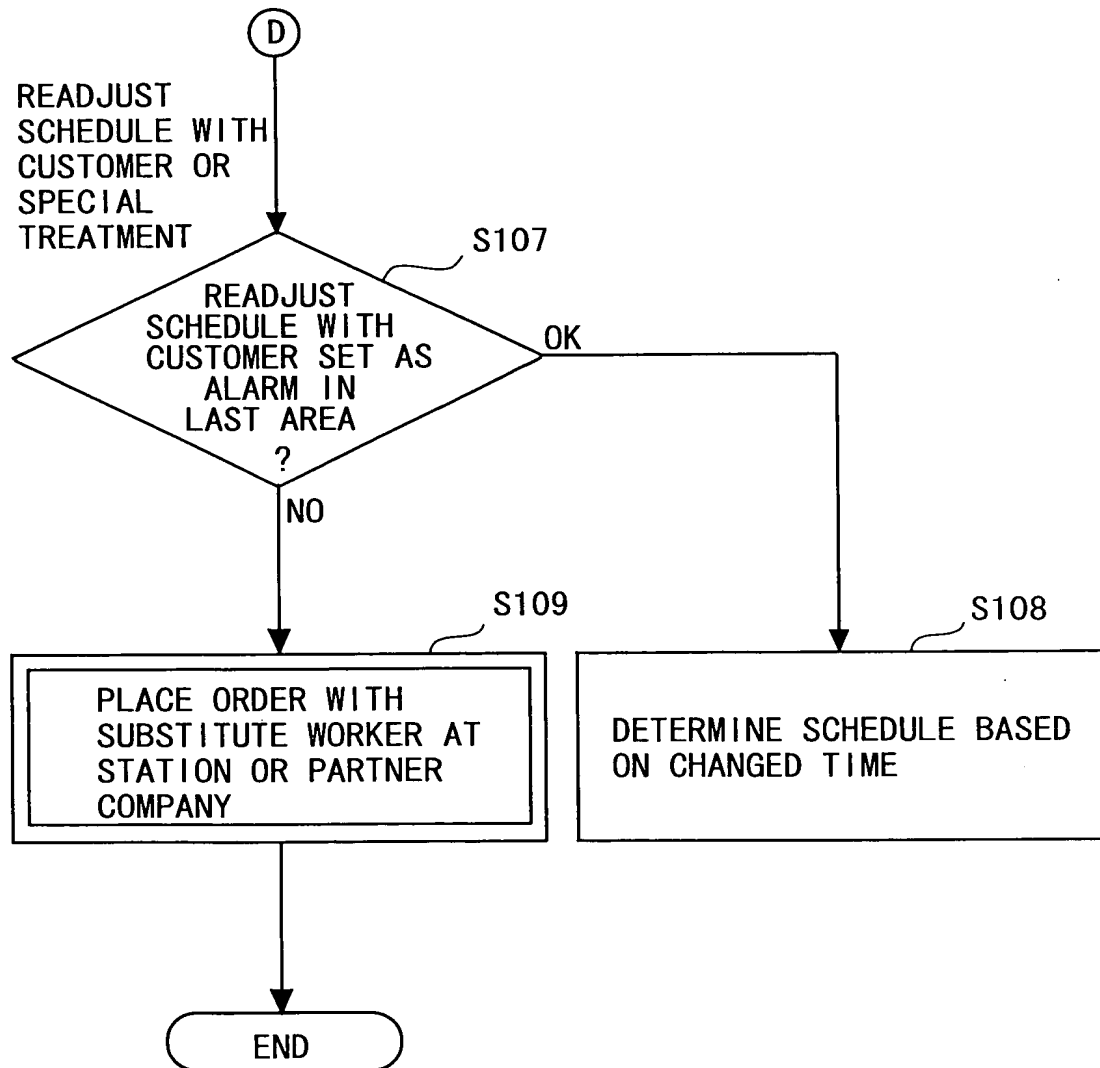


FIG. 19

